

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/539435**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3		2					53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14	1						64						
15							65						
16		2					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	24	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	26					